APPLICATION DATA SHEET

Application Information

Application Type:: Regular Subject Matter:: Utility

Title:: BREAST PAD ASSEMBLY CONTAINING

A SKIN BENEFIT INGREDIENT

Attorney Docket Number:: KCC 4775 (K.C. No. 17,129)

Request for Early Publication?:: No
Request for Non-Publication?:: No
Small Entity?:: No
Petition Included?:: No
Secrecy Order in Parent?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Beth Middle Name:: A.

Family Name:: Lange

City of Residence:: Appleton

State or Province of Residence:: WI
Country of Residence:: US

Street of Mailing Address:: 415 S. Olde Oneida, #319

City of Mailing Address:: Appleton

State or Province of Mailing

Address:: WI

Postal Code of Mailing Address:: 54911

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

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Middle Name:: J.

Family Name:: Tyrrell
City of Residence:: Appleton

State or Province of Residence:: WI Country of Residence:: US

Street of Mailing Address:: 415 S. Olde Oneida, #318

City of Mailing Address:: Appleton

State or Province of Mailing

Address:: WI

Postal Code of Mailing Address:: 54911

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Duane

Middle Name:: G.

Family Name:: Krzysik
City of Residence:: Appleton

State or Province of Residence:: WI
Country of Residence:: US

Street of Mailing Address:: 1112 E. Melrose Avenue

City of Mailing Address:: Appleton

State or Province of Mailing

Address:: WI

Postal Code of Mailing Address:: 54911

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John
Middle Name:: E.
Family Name:: Laabs

City of Residence:: Hortonville

State or Province of Residence:: WI

Country of Residence:: US

Street of Mailing Address:: W8623 Pheasant Run

City of Mailing Address:: Hortonville

State or Province of Mailing

Address:: WI

Postal Code of Mailing Address:: 54944-9334

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Bruce

Middle Name:: S.

Family Name:: Williamson
City of Residence:: Alpharetta

State or Province of Residence:: GA

Country of Residence:: US

Street of Mailing Address:: 2020 Compass Pointe Drive

City of Mailing Address:: Alpharetta

State or Province of Mailing

Address:: GA

Postal Code of Mailing Address:: 30005

Correspondence Information

Correspondence Customer Number:: 000321

Representative Information

Representative Customer Number:: 000321

Assignee Information

Assignee Name:: Kimberly-Clark Worldwide, Inc.